

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 20038772 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4003

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12 44-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 18 1964

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kirkwood

Length of stay in lb

31 hours

c. FULL NAME OF IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Joseph

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Franklin

c. CITY OR TOWN

Pacific

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

523 West Union

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Ralph

Middle

Alfred

Last

Smith

4. DATE OF DEATH

Month

August

Day

29

Year

1964

5. SEX

M

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

8. DATE OF BIRTH

August 22, 1888

9. AGE (last birthday)

66

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Oakfield, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Victor Smith

13b. MOTHER'S MAIDEN NAME

Lucy May Howarth

14. NAME OF HUSBAND OR WIFE

Priscilla Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

13

17. INFORMANT

Priscilla Smith, Pacific, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis of the coronary arteries

DUE TO (c)

diabetes

INTERVAL BETWEEN ONSET AND DEATH

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

uremia pleural effusion

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/26 to 8/29-64 and last saw him alive on 8/29-64
Death occurred at 4:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature] (Degree or title)

22b. ADDRESS

Pacific Mo

22c. DATE SIGNED

8/31/64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

September 1, 1964

23c. NAME OF CEMETERY OR CREMATORY

Pacific

23d. LOCATION (City, town, or county)

Pacific Mo.

24. FUNERAL DIRECTOR

Mrs. John L. Thibbs, Pacific Mo.

25. DATE RECD. BY LOCAL REG.

8/31/1964

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

31183.10

SEP 23 1964

SEP 18 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.